

COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

ATTORNEY DOCKET NO.

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: ELECTROMAGNETIC FIELD DEFLECTING GARMENT

\_\_\_\_\_, the specification  
of which

(check one)

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)

Priority Claimed

MI97A 002638	ITALY	27 NOVEMBER 1997	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months Prior To The Filing Date of This Application:

Country	Application No.	Date of Filing (Day/Month/Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:




_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application and to transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
ALPINI Edilio Livio		MAY 17, 2000
RESIDENCE VIA G. GAVOTTI 1 IT - 27050 PANCARANA (PAVIA) - ITALY ITX	CITIZENSHIP	ITALIAN
POST OFFICE ADDRESS SEE ABOVE		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS		

<b>STATEMENT CLAIMING SMALL ENTITY STATUS</b> <b>(37 CFR 1.9(f) &amp; 1.27(b))—INDEPENDENT INVENTOR</b>	Docket Number (Optional)									
<p>Applicant, Patentee, or Identifier: <u>ALPINI Edilio Livio</u></p> <p>Application or Patent No.: <u>NOT YET KNOWN</u></p> <p>Filed or Issued: <u>NOT YET KNOWN</u></p> <p>Title: <u>ELECTROMAGNETIC FIELD DEFLECTING GARMENT</u></p> <p>As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:</p> <p><input checked="" type="checkbox"/> the specification filed herewith with title as listed above.</p> <p><input type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input checked="" type="checkbox"/> No such person, concern, or organization exists.</p> <p><input type="checkbox"/> Each such person, concern, or organization is listed below.</p> <p>Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)</p> <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))</p> <table style="width: 100%; margin-top: 20px;"><tr><td style="width: 33%;"><u>ALPINI Edilio Livio</u> NAME OF INVENTOR</td><td style="width: 33%;"> NAME OF INVENTOR</td><td style="width: 33%;"> NAME OF INVENTOR</td></tr><tr><td> Signature of inventor</td><td> Signature of inventor</td><td> Signature of inventor</td></tr><tr><td><u>MAY 17, 2000</u> Date</td><td> Date</td><td> Date</td></tr></table>		<u>ALPINI Edilio Livio</u> NAME OF INVENTOR	 NAME OF INVENTOR	 NAME OF INVENTOR	 Signature of inventor	 Signature of inventor	 Signature of inventor	<u>MAY 17, 2000</u> Date	 Date	 Date
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